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## APPLICANTS

Sheena M. Loosmore, Aurora, CANADA; *SL*

Robin E. Harkness, Willowdale, CANADA;  
Anthony B. Schryvers, Calgary, CANADA; Pele Chong, Richmond Hill, CANADA;  
Scott Gray-Owen, Calgary, CANADA;  
Yan-Ping Yang, Willowdale, CANADA;  
Andrew D. Murdin, Newmarket, CANADA;  
Michel H. Klein, Willowdale, CANADA;

\*\* CONTINUING DATA \*\*\*\*\* *SL*

This application is a CON of 08/649,518 05/17/1996 PAT 6,361,779  
which is a CIP of 08/483,577 06/07/1995 PAT 6,015,688  
which is a CIP of 08/337,483 11/08/1994 PAT 5,922,562  
which is a CIP of 08/175,116 12/29/1993 ABN  
which is a CIP of 08/148,968 11/08/1993 ABN

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NA*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/29/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 144	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

## ADDRESS

Sanofi Pasteur Inc.  
Intellectual Property - Knerr Building  
One Discovery Drive  
Swiftwater, PA  
18370

## TITLE

Transferrin receptor genes

<b>FILING FEE</b>  <b>RECEIVED</b> <b>1856</b>	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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